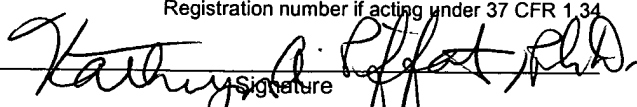


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |        |   |                         |
|---|--------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |        | Docket Number (Optional)<br>64649RCE(70904) |                         |
| Application Number<br>10/560,542-Conf. #5176  |        | Filed<br>December 13, 2005                  |                         |
| For INFORMATION REPRODUCING APPARATUS, METHOD FOR CONTROLLING INFORMATION<br>REPRODUCING APPARATUS, CONTENT RECORDING MEDIUM, CONTROL PROGRAM, COMPUTER-<br>READABLE RECORDING MEDIUM STORING CONTROL PROGRAM   |        |   |                         |
| Art Unit<br>2481  |        | Examiner<br>Dzenski, Marc A.                |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |        |   |                         |
|   |        | <u>Fee</u>                                  | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130  | \$65  | \$ 130.00               |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490  | \$245                                       | \$                      |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110 | \$555                                       | \$                      |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730 | \$865                                       | \$                      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350 | \$1175                                      | \$                      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |        |   |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |        |   |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |        |   |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |        |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105.   |        |   |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |        |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |        |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |        |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 34,901   |        |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |        |   |                         |
| <br>Signature  |        | October 14, 2010<br>Date                    |                         |
| Kathryn A. Piffat, Ph.D., Esq.<br>Typed or printed name   |        | (617) 517-5516<br>Telephone Number          |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |        |   |                         |
| <input type="checkbox"/> Total of 1 forms are submitted.  |        |   |                         |

10/18/2010 CCHAU1 00000062 041105 10560542

02 FC:1251 130.00 DA